STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| I. Name of Lobbyist(s) | Geoffrey A. Gallo | | |
|--|---|---|-------------------------------|
| II. Name of lobbyist's pa | rtnership, firm or corporation, if | any: | |
| AstraZeneca Ph | armaceuticals, LP | | |
| | f partnership, firm or corporation) | VII. 16. | |
| 3 Merles Lane | Stratham | NH | 03885 |
| Business Address: (Street) | | (State) | (Zip Code) |
| (603) 772-1559 | () | e-mail geoffrey | gallo@astrazeneca.com |
| (Telephone) | (Fa | ux) | Barrot activation |
| reportable expense trans | s: (Choose one – file separate repractions which are not attributable | e to any one client). | |
| All reportable transaction | ons occurring in the months prior to | the reporting date relative to th | e following client: |
| | ull Name of Client as it appears on the l | Lobbyist Registration Form) | |
| <u>OR</u> | | | |
| unrelated to any particular | ons by the lobbyist (including the localient. | obbyist's family), or the lobbyin | g firm listed below which are |
| | pril 26, 2017 [] com date of registration to 3/31/17 | July 26, 2017 activity from 4/1/17 to 6/30/1 | 7 |
| | October 25, 2017 [] vity from 7/1/17 to 9/30/17 | January 31, 2018 X activity from 10/1/17 to 12/3 | 1/17 |
| | fees received and no reportab plete just this form and submit it to | | |
| VI. Check if additional re | eports are attached: | | |
| | ees or made expenditures, you must | file Addendum A – Fees and B | Expenses |
| If you have paid an ho Expense Reimbursement | norarium or reimbursed expenses, y | you must file Addendum B - Re | eport of Honorariums or |
| X If you, your firm, or you | our family has made political contri | butions, you must file Addende | um C Political Contributions |
| | ation by Lobbyist 15-B, RSA 14-C and RSA 664 and f my knowledge and belief. | hereby swear or affirm that the | • |
| C C L C II | | (Da | , |
| Geoffrey A. Gallo (Print Name of lobbyist) | | | |

P L E A \mathbf{S} E R N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

RECEIVED

(RSA Chapter 15:6)

JAN 22 2018

NEW HAMPSHIRE STATE

| I. Name of Lobbyist(s) Geoffrey A. Gallo | DEPARTMENT OF |
|--|---|
| II. Name of lobbyist's partnership, firm or corporation, if any: | |
| Geoffrey A. Gallo | |
| (Name of partnership, firm or corporation) | |
| III. Name of Client | Date |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses: | relations, or public relations services |
| a) Total of all fees received in this reporting period | a) \$1,200.00 |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year). | b) \$ 1,750.00 ear) |
| c) Total of all fees received to date (Add lines a and b) | c) \$2,950.00 |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | d) \$ <u>0.00</u> |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report responses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter than \$25, but not greater than \$50, expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a) \$ |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$0.00 |
| c) Total of all itemized expenditures reported in detail in section VI. | c) \$0.00 |

| d) Total expenses for this reporting period (Add lines a, b and c) | d) \$ |
|--|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$0.00 |
| f) Total of all expenses year to date | f) \$ |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged. | obbying fees during this reporting |
| Paid to: | Amount: |
| | \$ 0.00 |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | |
| *************************************** | |
| | |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm | m that the foregoing information |
| is true and complete to the best of my knowledge and belief. | |
| Lister A Mills | 19 Jan 2018 |
| (Signature of lobbyist) | (Date) |
| Geoffrey A. Gallo | |
| (Print Name of lobbyist) | |



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

| I. Name of Lobbyist(s)G | eoffrey A. Gallo | · · · · · · · · · · · · · · · · · · · | |
|--|------------------------------|---------------------------------------|---|
| II. Name of lobbyist's parti | nership, firm or cor | poration, if any: | |
| AstraZeneca P | harmaceuticals, LP | | 444 |
| (Name of partner | ership, firm or corporation) | | 1944, 1 ¹ 14, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| III. Name of Client Ast | raZeneca Pharmac | euticals, LP | Date |
| Political Contributions | | | |
| For each political contribution client/lobbyist and lobbying | | | oter 664 paid on behalf of the |
| | , maicate the ro | mowing. | |
| | | | |
| Evil name of annidates. I | Javaa Danubliaana | | |
| Full name of candidate: <u>I</u> | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ 20 | 0.00 | | s Seeking State Representative |
| | | Office Culturate 1 | s seekingstate Representative |
| enter an estimated value and th | ne word "estimate." | | ution. If the actual cost is not known |
| | | | · · · · · · · · · · · · · · · · · · · |
| The state of the s | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | | | |
| Full name of candidate: | | | |
| | | | (Middle Name/Initial) |
| Amount of contribution \$ | | Office Candidate is | s Seeking |
| | ibution on the line abo | | ds or services provided, and enter the ution. If the actual cost is not known |
| | | | |
| And the second s | | | |
| | | | |
| | | | , |
| | | | |
| Full name of candidate: | | | |
| Full name of candidate: | (Last Name) | (First Name) | (Middle Name/Initial) |

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." |
|---|
| |
| |
| (If more than three contributions were made, report additional contributions on separate addendum C forms.) |
| Sworn Statement/Affirmation by Lobbyist |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. |
| (Signature of lobbyist) (Signature of lobbyist) (Date) |
| (Signature of lobbyist) (Date) |
| Geoffrey A. Gallo |
| (Print Name of lobbyist) |